

# Facility Program Statement Introduction

## INTRODUCTION

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### Background and Authorization

As a result of the State of California's ongoing failure to provide medical care to prison inmates at constitutionally acceptable levels, the United States District Court for the Northern District of California (Court), in a class action case titled *Plata v.*

*Schwarzenegger*, established the extraordinary remedy of a Federal Court Receivership to assume management over the medical delivery system in California's prisons.

While the problems identified by the Court and the Receiver reach into almost every element of the medical delivery system, the Receiver has found, consistent with prior findings of the Court, that the physical facilities currently in operation at CDCR's prison sites are inadequate to meet the medical requirements of a significant percentage of the confined adult population. As held by the Court:

*"By all accounts, the California prison medical care system is broken beyond repair. The harm already done in this case to California's prison inmate population could not be more grave, and threat of future injury and death is virtually guaranteed in the absence of drastic action. The Court has given defendants every reasonable opportunity to bring its prison medical system up to constitutional standards, and it is beyond reasonable dispute that the State has failed. Indeed, it is an uncontested fact that, on average, an inmate in one of California's prisons needlessly dies every six to seven days due to constitutional deficiencies in the CDCR's medical delivery system. This statistic, awful as it is, barely provides a window in the waste of human life occurring behind California's prison walls due to the gross failures of the medical delivery system.*

*It is clear to the Court that this unconscionable degree of suffering and death is sure to continue if the system is not dramatically overhauled. Decades of neglecting medical care while vastly expanding the size of the prison system has led to a state of institutional paralysis. The prison system is unable to function effectively and suffers a lack of will with respect to prisoner medical care.*

*Accordingly, through the Court's oral ruling and with this Order, the Court imposes the drastic but necessary remedy of a Receivership in anticipation that the Receiver can reverse the entrenched paralysis and dysfunction and bring the delivery of health care in California's prisons up to constitutional standards. Once the system is stabilized and a constitutionally adequate medical system is established, the Court will remove the Receiver and return control to the State. Progress toward that goal will be enhanced and quickened by the support of the defendants. Fortunately, the Court is confident that the leaders of the State prison system recognize the gravity of the problem and are committed to facilitating the Receivership."*<sup>1</sup>

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<sup>1</sup> Marciano Plata, et. Al. Plaintiffs v. Arnold Schwarzenegger et. al. Defendants, No. CO1-1351. Findings of Fact and Conclusions of Law re. Appointment of Receiver at p. 1:21 – p. 2:16.

In order to effectuate a timely program to bring California's prison medical care up to constitutional standards, the Receiver prepared and submitted for public comment a draft Turnaround Plan of Action (TPA) that sets a roadmap to achieve compliance with the Stipulated Injunction and other court orders in *Plata*. One element of the TPA calls for construction of health care facilities for approximately 10,000 prisoner patients (i.e., approximately 6 percent of CDCR's adult inmate population). Attorneys representing the State of California participated in the meetings, which led to the development of the final TPA, and did not object to this construction plan; nor, did the State of California object to two motions by the Receiver to waive various provisions of State law in order to effectuate a lean, timely construction program.

Subsequently, with the State's approval, four Federal Judges signed an order instructing the Receiver to take the lead on the new prison construction necessary to achieve compliance with orders of the *Plata*, *Coleman*, and *Perez* class action cases. The State and its attorneys have endorsed this joint construction in various pleadings filed in those cases.

Therefore, the health care program statement described herein will serve the physically ill, elderly patients, the frail, and those suffering from a mental illness, all of whom also qualify for protection under the Americans with Disabilities Act. The number of needed beds, approximately 10,000 in total, and their distribution between physical and mental illness and male and female patients, was determined only after careful and professional analysis, again, approved by the State of California.<sup>2</sup>

In order to establish one, cost effective integrated clinical delivery system, the Receiver assembled a team of experienced correctional and clinical professionals from the Receiver's staff, the California Department of Corrections and Rehabilitation, the Department of Mental Health, referred to in this Facility Program Statement (FPS) as the "Core Planning Team." He also retained, through a formal competitive bidding process, a major program management team (a joint venture between URS and Bovis Lend Lease (URS/BLL)) to ensure the project was properly planned, designed, constructed, and occupied in as expeditiously and fiscally responsible a manner as possible. URS/BLL, in turn, has hired planners, architects, engineers, and support personnel necessary to move the project forward.

### **The Constitutional Minimum Health Care Services Provided By the Facility Program Statement**

The term "constitutional minimum" as used in the FPS means compliance with the orders of the *Plata*, *Coleman*, and *Perez* Courts. The FPS has not been developed by referencing academic or hypothetical concepts of what is a "constitutional minimum." Such an effort would create no end to debate and disagreement. Instead, the FPS calls for an integrated, efficient health care delivery model that conforms to the specific Federal Court orders stipulated by the State of California in the *Plata*, *Coleman*, and *Perez* class actions. In other words, the FPS has been developed to implement the

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<sup>2</sup> "Chronic and Long-Term Care in California Prisons: Needs Assessment", Abt Associates, August 31, 2007 and the "Mental Health Bed Need Study – Based on Spring 2007 Population Projections, Spring, 2007", Navigant Consulting, July, 2007.

State's policies and health care delivery standards as agreed to by the Attorney General when the Attorney General settled the *Plata* and *Perez* cases, and when the Attorney General agreed to the mental health delivery standards of the *Coleman* case. The level and type of health care services called for by the FPS were not determined by the Receiver; instead, the standards had been established years earlier by the State of California and approved by the Federal Courts.

To cite three specific examples, the FPS: (1) calls for the staffing and program space adequate to deliver chronic disease care under the time frames and quality standards required by *Plata*; (2) provides staffing and program space to deliver the required out-of-cell therapy for Enhanced Outpatient Patients ("EOP") under the time frames and quality standards required in *Coleman*; and, (3) provides staffing and program space to provide dental care pursuant to the dentist/prisoner ratios required in *Perez*. The programs defined in the FPS do not exceed those requirements; for example, the program does not call for out-of-cell therapy in *addition* to the *Coleman* minimums. The constitutional minimum requirements for these services are not in dispute, the State of California has stipulated to these standards in Federal Court. To summarize, the FPS defines an efficient, integrated method of achieving compliance with the relevant orders of the Federal Courts, consistent with California's statutory and regulatory requirements.

Where California statutes or California regulations require services or programs which may exceed constitutional minimum, e.g., specified grooming requirements, access to recreational libraries, and other services, the FPS cites the relevant California statute or regulation.

### **Approach to Development of Facility Program Statement**

The FPS has been produced through the joint effort of the Core Planning Team and a planning group assembled from within the URS/BLL team. The Core Planning Team members are identified later in this section of the report. The URS/BLL planning team is represented by staff of Lee, Burkhart, Liu (LBL) Architects, Robert Glass and Associates (RGA), and Carter Goble Lee (CGL), whose participants are also noted later in this section of the report.

The URS/BLL planning team members held a series of meetings with the Core Planning Team on the dates noted in the Appendix.

The FPS Second Draft was completed on July 22, 2008. The Second Draft document contained the key information necessary to initiate the Co-Opetition phase of the design process. The FPS will continue to be updated and revised as new information becomes available, and as the Integrated Project Delivery (IPD) teams commence their work in program validation and preliminary design.

This FPS Third Draft represents the current information of the program (function narratives, space lists, staffing forecasts, and Integrated Security Plan) and will be eventually superseded by a next generation report once the IPD teams submit their preliminary design options and recommendations.

Throughout the planning process with the Core Planning Team, certain values have become recognized as conditions of satisfaction for the IPD teams to meet. These values are as follows:



- Program design that does not exceed constitutional minimum requirements agreed to by the State of California and plaintiffs' counsel for the *Plata*, *Coleman*, and *Perez* class action cases
- Compliance with the Americans with Disability Act (ADA) and Armstrong requirements
- Secure perimeter
- Management of patients by direct supervision
- Minimal physical barriers between patients and staff
- Shared medical and mental health treatment resources
- Housing unit sizes at a manageable level
- Natural light
- Scale, material, and color appropriate for the health care mission
- Appropriate treatment atmosphere
- A single women's health facility, although within the same secure perimeter, separate, and gender-responsive

In summary, the IPD teams understand that the goal of this program is to design and build a health care facility, which has a thorough and complete security overlay.

### **Credits and Acknowledgements**

As explained above, the FPS documents have been created with considerable input, review and collaboration from key members of the Core Planning Team, advisors to the Core Planning Team, the Receiver, and members of the URS/BLL program management team. Each of the members of these groups contributed significantly to the operational attitudes reflected in this summary report. We wish to acknowledge their participation and to thank them for their contributions.

### **California Prison Health Care Receivership Corporation**

J. Clark Kelso, Receiver	California Prison Health Care Receivership (CPR)
John Hagar, Chief of Staff	CPR

**Core Planning Team Members (CPR/CDCR/Coleman)**

Vic Brewer	Department of Mental Health (DMH)
Steve Cambra	CPR
Kim Garcia	Division of Corrections Health Care Services (DCHCS)
Haunani Henry	<i>Coleman</i> Representative
Terry Hill, M.D.	CPR
Nadim Khoury, M.D.	California Prison Health Care Services (CPHCS)
Peg McAloon, Ph.D.	DCHCS
Jeffrey Metzner, M.D.	<i>Coleman</i> Expert
John O'Shaughnessy	DCHCS
Kathy Page, R.N.	CPR
Cindi Ricker, R.N.	CPHCS
Tim Rougeux	CPHCS

**Additional Advisors**

Marty Aroian	California Correctional Peace Officers Association (CCPOA)
Paul Carlisle, MPTGCS	CPR
Dick Engler	CPR
Dennis Hirning	CPR
Rollin Ives	DMH

Sharon Lamar	CCPOA
Sterling Price	DMH
Suzanne Streater	DCHCS

#### **URS/BLL Facility Programming Team Members**

Bill Proctor	Program Director
Anne McGinnis-Tingle	Technical Support
Ronnie Booth	Executive Assistant

#### **Correctional and Security Planning – Robert Glass & Associates**

Robert Glass	President
David Michaels	Planner

#### **Medical Planning and Programming – Lee, Burkhart, Liu, Inc.**

Ken Lee	Principal
David Von Oeyen	Principal
Brad Jayne	Senior Associate

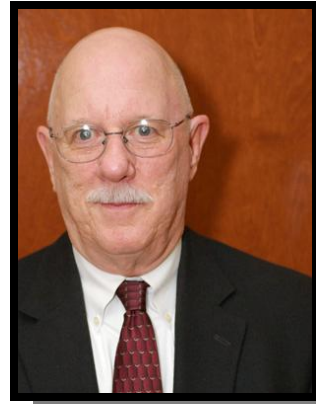
#### **Correctional Health Care Planning – Carter, Goble Lee**

Steve Carter	Principal
Bert Rosefield	Planner
Barbara Cotton, R.N.	The Cotton Group

## CORE PLANNING TEAM BIOGRAPHIES

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**Vic Brewer** was requested by the Receiver in July 2007 to be a member of the Core Planning Team to assist in the planning and development of the mental health services portion of the California Health Care Facilities. He has spent 25 years in private community hospitals as CEO and regional Vice President for acute psychiatric hospitals. For the past 10 years, Mr. Brewer has served the State of California in various capacities, including directing one of CDCR's acute psychiatric facilities, and as a director for DMH's Salinas and Vacaville state hospitals.



**Steve Cambra** was hired by the Receiver in June 2007 to work on construction planning for the proposed 10,000 bed CHCF project, as well as completing plans to provide new clinical and treatment space at the existing CDCR prisons. Since 1970, Mr. Cambra has served in several prisons, promoting through the ranks and retiring as Chief Deputy Director of Operations and acting Director of the California Department of Corrections in 2001. He developed the department's use of force policy while Warden of Pelican Bay State Prison, worked on starting the CDC Special Emergency Response Team Program, assisted in the negotiations on the *Plata* settlement, and worked in the health care division developing standardized policies and procedures in response to the *Plata* agreement. Mr. Cambra served in the California Juvenile Justice arena where he developed security procedures and trained staff, as well as developed remedial plans in response to litigation.



**Kim Garcia** has served the State of California for more than 30 years. Since 1996 she has worked within CDCR directing program and policy evaluations for a variety of health care facilities within the State's correctional institutions. Kim has relayed this knowledge of correctional health care operations into developing the CDCR's Five-year Capital Outlay Master Plan for mental health and dental facilities. In addition to serving on the Receiver's Core Planning team, Ms. Garcia is involved in the planning, design and implementation of several in-fill projects for mental health clinics and dental facilities within CDCR's system.

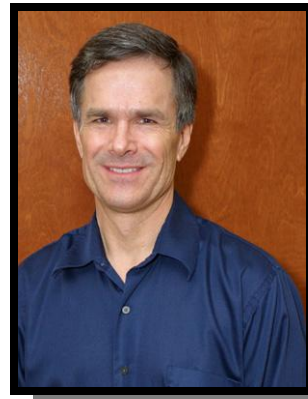




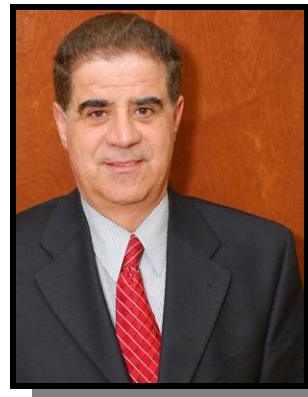
**Haunani Henry** is a *Coleman* Federal Court Case Monitor. She has extensive experience in the criminal justice profession, including prison administration at senior levels and licensing administrative experience. Ms. Henry is a retired Warden with the California Department of Corrections and has previously served in the California Department of Mental Health facilities.

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**Terry Hill, M.D.**, is the Chief Executive Officer, Medical Services, for the California Prison Health Care Receivership. A geriatrician, Dr. Hill was previously Senior Medical Director for Quality Improvement at Lumetra, the Medicare Quality Improvement Organization for California. He is an Assistant Clinical Professor in the Department of Medicine, UC San Francisco. From 1999-2004 Dr. Hill was medical director of Laguna Honda Hospital. He is past-president of the California Association of Long Term Care Medicine, and from 1999-2006 he was co-chair of the California Coalition for Compassionate Care. He served on the National Quality Forum's Palliative and Hospice Care Review Committee. He has led program development for hospitals and managed care organizations, and he has been medical director of retirement communities, nursing facilities, adult day health centers, and a hospitalist program.



**Nadim K Khoury, M.D.**, has more than 27 years experience in correctional health care. He has worked in all levels of staff and management level in the CDCR. He was involved in the development and design of many correctional health care facilities. He was the Chief Deputy Clinical Services for the California Medical facility (the largest health care mission institution) for the last 6 years which includes all levels of care such as GACH, CTC, HOSPICE licenses, in addition to overseeing the mental health care delivery in the outpatient and the inpatient settings at CMF.



**Margaret McAloon, Ph.D.**, has spent over 15 years with the CDCR providing and managing mental health treatment and health care services in a variety of institutions, including the California Institution for Women, CSP LA County, R.J. Donovan, and CSP Sacramento. Dr. McAloon has also served as an administrator with the CDCR Division of Correctional Health Care Services.



**Jeffrey L. Metzner, M.D.**, is a Clinical Professor in the Department of Psychiatry at the University of Colorado School of Medicine. He is one of the *Coleman* experts. Dr. Metzner has evaluated, consulted to, or monitored correctional mental health systems in 35 states, U.S. territories and commonwealths.

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**John O'Shaughnessy** has over 30 years of experience in the field of corrections. He has held a wide variety of management positions in both the public and private sector. While with the California Department of Corrections and Rehabilitation (CDCR), he served as a District Administrator with the Division of Adult Parole Operations, a Correctional Administrator with the Division of Adult Institutions, and as a Regional Administrator, Chief of Health Care Administration and Chief of Mental Health for the Division of Correctional Health Care Services. Prior to working in the private sector, John was the Chief of Correctional Health Services for the County of Sacramento. He is currently working as a consultant to the CDCR.



**Kathleen E. Page, R.N., B.S., M.S., CCHP**, received her BS in Nursing from Walla Walla College in Washington, and her MS in Nursing from Andrews University in Michigan. Her nursing experience includes: Emergency, Dialysis, and Correctional Health Care. She has 29 years of experience in Correctional Health, including 20 years managing a large jail health program, auditing for the National Commission on Correctional Health Care and consulting projects. She retired from the US Army reserve as a Colonel with 30 years of service.



**Cynthia Ricker, R.N.**, is currently a nurse consultant for Department of Health Care Services. Ms. Ricker began her career with the Department of Corrections in 1999 as a Medical Technical Assistant and was soon promoted to a Register Nurse. She has a wide variety of experience from a community-based hospital and with the Department of Corrections. Most recently Ms. Ricker served on the planning team for the new health care facilities within the California State Hospital at Pelican Bay.



**Tim Rougeux** began his career in CDCR in October 1980 as a Correctional Officer and has been promoted through the ranks to Correctional Administrator working at multiple institutions and at headquarters. In 2004 Mr. Rougeux was appointed as the Project Director for Medical Programs Implementation within the Health Care Division. He holds a Bachelor Degree in Criminal Justice from the State University of New York at Brockport, 1980.

Photo not available

**Stephen Carter** is providing correctional health care planning to the URS/Bovis Lend Lease team. He is the founder and Managing Principal of Carter Goble Associates, Inc. and Chairman of Carter Goble Lee. Mr. Carter has led projects in more than 35 states, 300 counties, and several foreign countries involving public policy and plans. Mr. Carter is personally involved in technical studies in the areas of needs assessment, operational and architectural programming, design review, program management, and policy evaluation, among others. He is often engaged by governmental agencies to develop evidence-based studies and build consensus for a variety of project types including courthouses, correctional facilities and law enforcement installations.



**Barbara Cotton, R.N., B.S.N., M.H.S.A.,** is founder of The Cotton Group, and is a consultant to the URS/BLL team providing correctional health care planning expertise. She has forty years health services experience as a direct care provider, manager, educator and consultant. Since 1980 she has focused her career in the field of corrections, assisting local and state agencies in planning, designing and implementing inmate health services delivery systems. Ms. Cotton's correctional health services facilities development experience includes master planning, pre-design programming, staffing projection, definition of space requirements, and functional descriptions, as well as schematic and construction document development assistance and clinical equipment review.

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**Bob Glass** is leading the Facility Planning and Development team for URS/Bovis Lend Lease. He has been continuously involved in the planning and design of justice system facilities since 1979. This experience covers work in 30 states on city, county, state and federal justice facilities, as well as international projects. Bob has been involved in the planning and design of 390 facilities in all degrees of custody for adult men and women, juveniles, and inmates with special needs. He has obtained a national reputation for operational planning, programming, conceptualization and functional planning, design, documentation and application of security systems, materials and technology used within justice system facilities.



**Ken Lee** is leading the health care planning effort for the URS/Bovis Lend Lease team. Mr. Lee is a founding principal of Lee, Burkhardt, Liu, Inc. (LBL) a Los Angeles-based architectural and planning firm with particular expertise in health care, academic and other institutional markets. He has over thirty years of professional experience in the architectural planning and programming of healthcare institutions. Mr. Lee provides an operational and patient-focused perspective to his planning and design work. Mr. Lee also brings a strategic orientation to his projects with an eye towards external market pressures and evolving trends and technology. He has served on the faculty at the UCLA School of Public Health and is a frequent speaker on healthcare planning and design issues.





**Dave Michaels** is working with Robert Glass Associates, Inc. to provide specialty planning services and technical architectural assistance. Michaels is an NCARB certificated and licensed architect in Washington and California. He has over 34 years of experience designing and managing work from a technical perspective in 11 western states, with a specialty focus on criminal justice architecture, life/safety compliance, and quality assurance for highly technical building types.



**Herbert A. (Bert) Rosefield Ed. D.**, is providing correctional health care planning to the URS/Bovis Lend Lease team. He is principal of Corrections Consulting and Training, L.L.C., and serves as a corrections health care consultant to prison and jail systems both directly and as a sub-contractor to national and international architectural firms. Dr. Rosefield was employed by the North Carolina Division of Prisons, first as a psychologist and later serving as a regional supervisor, command manager, and superintendent of a prison hospital. He finished his state service as Assistant Director of Prisons for Health Care. He has been an active member of corrections professional organizations, serving on numerous committees and task forces. He has served as president and board member of the American Correctional Health Services Association, and received their Lifetime Distinguished Service Award.



**David von Oeyen, AIA** is a Senior Medical Planner/Programmer for the URS/Bovis Lend Lease team, working with Lee, Burkhardt, Liu, Inc. Mr. Von Oeyen has over thirty years of experience programming, planning and designing healthcare facilities. Two of his major healthcare projects have won national American Institute of Architects/Modern Healthcare Awards and his designs have won over 20 AIA Design Awards. His recent projects include the Cedars-Sinai Medical Center Saperstein Critical Care Tower with 180 intensive care beds connected by 6 bridges to the CSMC Diagnostic and Treatment Tower and the Los Angeles Eye Institute Medical Atrium Office Buildings in Willowbrook.

